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000110 7590 09/20/2005

DANN, DORFMAN, HERRELL & SKILLMAN
1601 MARKET STREET
SUITE 2400
PHILADELPHIA, PA 19103-2307

12/23/2005 HUONG2 00000080 09676363

01 FC:2501 700.00 OP
02 FC:8001 30.00 OP

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Robin Dolan (Depositor's name)
Robin Dolan (Signature)
December 20, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/676,363	09/29/2000	Brian W. Loggie		2200

TITLE OF INVENTION: MULTI-LUMEN CATHETER SYSTEM USED IN A BLOOD TREATMENT PROCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	12/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEAK, LESLIE R	3761	604-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Donald R. Piper, Jr.

Dann, Dorfman, Herrell

+ Skillman, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wake Forest University Health Sciences Winston-Salem, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Neil Haun

Date Dec. 20, 2005

Typed or printed name

Neil Haun

Registration No. 48,488

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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		Complete if known	
		Application Number: 09/676,363	
		Filing Date: September 29, 2000	
		First Named Inventor: Loggie	
		Group Art Unit: 3762	
Examiner Name: Deak, L.			
Total Amt. of Payment: (1)+(2)+(3)= \$730		Attorney Docket Number: 0101-P01578US3	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																	
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee <u>700</u> _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> <u>30</u> _____ Other fee (specify) _____ SUBTOTAL (3) \$730																	
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Provisional filing fee _____ SUBTOTAL (1) \$0																			
2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extra</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td></td> <td>=</td> <td><u>0</u></td> </tr> <tr> <td>Independent Claims</td> <td>x</td> <td>=</td> <td><u>0</u></td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> SUBTOTAL (2) _____			Paid	Extra	Fee	Total Claims		=	<u>0</u>	Independent Claims	x	=	<u>0</u>	Multiple Dependent (First presentation)					
	Paid	Extra	Fee																
Total Claims		=	<u>0</u>																
Independent Claims	x	=	<u>0</u>																
Multiple Dependent (First presentation)																			

Submitted By:
 Typed or
 Printed Name Mels Hahn
 Signature Mels Hahn

Reg. Number 48,488

Date December 20, 2005

Deposit Account User ID

04-1406



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December 20, 2005

Last Name of First Named Inventor:
LOGGIE

MAIL STOP ISSUE FEE

Application No. 09/676,363

Allowed: September 20, 2005

Attorney Docket No. 0101-P01578US3

Filed: September 29, 2000

For: Multi-Lumen Cathether System
Used In A Blood Treatment Process

TO THE COMMISSIONER FOR PATENTS:

SUBMISSION OF ISSUE FEE

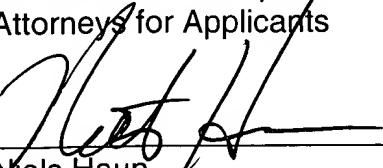
The above-identified application has been allowed. In response to the Notice of Allowability dated September 20, 2005, enclosed are the following:

1. A copy of form PTOL-85 with authorization to charge Deposit Account No. 04-1406.
2. Check in the amount of \$730, which includes the issue fee and the cost of ten (10) advance copies.

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN
A Professional Corporation
Attorneys for Applicants

By


Niels Haun

PTO Registration No. 48,488